



## Complete Summary

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### GUIDELINE TITLE

Adult primary care depression guidelines.

### BIBLIOGRAPHIC SOURCE(S)

Kaiser Permanente Care Management Institute. Adult primary care depression guidelines. Oakland (CA): Kaiser Permanente Care Management Institute; 2004 Apr. 132 p. [81 references]

### GUIDELINE STATUS

This is the current release of the guideline.

## \*\* REGULATORY ALERT \*\*

### FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory and/or warning information has been released.

On July 1, 2005, in response to recent scientific publications that report the possibility of increased risk of suicidal behavior in adults treated with antidepressants, the U.S. Food and Drug Administration (FDA) issued a Public Health Advisory to update patients and healthcare providers with the latest information on this subject. Even before the publication of these recent reports, FDA had already begun the process of reviewing available data to determine whether there is an increased risk of suicidal behavior in adults taking antidepressants. The Agency has asked manufacturers to provide information from their trials using an approach similar to that used in the evaluation of the risk of suicidal behavior in the pediatric population taking antidepressants. This effort will involve hundreds of clinical trials and may take more than a year to complete. See the [FDA Web site](#) for more information.

## COMPLETE SUMMARY CONTENT

### \*\* REGULATORY ALERT \*\*

#### SCOPE

#### METHODOLOGY - including Rating Scheme and Cost Analysis

#### RECOMMENDATIONS

#### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

#### QUALIFYING STATEMENTS

#### IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY  
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Major Depressive Disorder

GUIDELINE CATEGORY

Management  
Treatment

CLINICAL SPECIALTY

Family Practice  
Internal Medicine  
Nursing  
Pharmacology  
Psychiatry  
Psychology

INTENDED USERS

Advanced Practice Nurses  
Health Care Providers  
Nurses  
Pharmacists  
Physician Assistants  
Physicians

GUIDELINE OBJECTIVE(S)

To provide recommendations (evidence-based and consensus) on the treatment of Major Depressive Disorder in primary care adult outpatients

TARGET POPULATION

Adults with Major Depression seen in primary care outpatient settings.

These Guidelines are not intended for the following populations:

- Patients younger than 19 years of age
- Outpatients seen in specialty behavioral health settings
- Psychiatric inpatients
- Patients with minor depression, psychotic depression, or bipolar disorder

## INTERVENTIONS AND PRACTICES CONSIDERED

### Treatment/Management/Evaluation

1. Antidepressant treatment
  - Selective serotonin reuptake inhibitors (SSRIs)
  - Tricyclic antidepressants (TCAs)
  - Dopamine agonists (DAs)
  - Selective serotonin reuptake inhibitors (SNRIs)
  - Norepinephrine reuptake inhibitors (NRIs)
  - Combinations of antidepressants
2. Psychotherapy (interpersonal therapy, cognitive therapy, problem-solving therapy)
3. Combination of antidepressants and psychotherapy
4. No treatment (Note: Considered but not recommended)
5. Changing antidepressant medication if first-line treatment not effective
6. Increasing existing antidepressant dose if first-line dose not effective
7. Adding an augmenting agent (lithium) to the existing antidepressant (Note: The following augmenting agents were considered but not recommended: beta-blocker, buspirone, Cytomel, carbamazepine, valproic acid, methylphenidate, ethyl-eicosapentaenoate [E-EPA])
8. Hypericum (St. John's wort) (Note: Considered but not recommended)
9. Evaluation of appropriate length of time for antidepressant treatment
10. Follow-up at specified intervals, including assessment for adherence, side effects, suicidal ideation, and response to treatment
11. Tapering or stopping antidepressant medication
12. Avoidance of specified antidepressant medications in patients expressing suicidal ideation intent or plan
13. Behavioral health education classes
14. Self-care strategies
15. Culturally competent care

## MAJOR OUTCOMES CONSIDERED

- Change in symptoms
- Quality of life
- Missed school/work days
- Office/Urgent Care Center(UCC)/Emergency Room (ER) visits
- Hospitalizations
- Mortality
- Adherence to treatment plan
- Patient satisfaction
- Relapse prevention
- Side effects of medication or adverse effects of treatment, such as attempted suicide

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

#### Searches of Electronic Databases

## DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Note from the National Guideline Clearinghouse (NGC): The following tables document the approach taken to find review literature on each topic.

What First Line Treatment Methods Should be Used to Treat Adults With Major Depressive Disorder?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	1
Clinical Evidence	Depression	Systematic reviews and randomized controlled trials (RCTs)	03/05/03	80	1
PubMed	<p>(((((((((depression/drug therapy[Medical Subject Heading (MeSH)] OR depression/therapy[MeSH]) OR ("depressive disorder/drug therapy"[MeSH] OR "depressive disorder/therapy"[MeSH])) OR ("dysthymic disorder/drug therapy"[MeSH]</p> <p>OR "dysthymic disorder/therapy"[MeSH])) AND ("Serotonin Uptake Inhibitors"[MeSH] OR "Antidepressive Agents, Tricyclic"[MeSH])) AND notpubref[sb])) AND Randomized Controlled Trial[ptyp]) AND English[Lang]) AND notpubref[sb]) AND "adult"[MeSH Terms])</p>	Clinical trials, All adults 19+ years, English, Human	1998 - 03/2001	222	3

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
PubMed	("depression/drug effects"[MeSH] OR "depression/drug therapy"[MeSH] OR "depression/therapy"[MeSH] OR "Major Depressive Disorder"[All Fields]) AND ("Antidepressive Agents/adverse effects"[MeSH] OR "Antidepressive Agents/therapeutic use"[MeSH] OR "psychotherapy"[MeSH] OR (cognitive[All Fields] AND "behavior therapy"[MeSH Terms]) OR "interpersonal therapy"[All Fields] OR ("Problem-solving"[MeSH Terms] AND "therapy"[MeSH Subheading]))	Meta-analysis, All Adult: 19+ years English, Human	01/01/01 - 04/01/03	5	1
		Controlled Trials, All Adult: 19+ years English, Human	01/01/01 - 04/01/03	124	4

What Strategies Should Be Used In Adults With Major Depressive Disorder Whose Symptoms Do Not Resolve After The First Treatment?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews and RCTs	03/05/03	80	1
PubMed	((("depression/drug effects"[MeSH] OR "depression/drug therapy"[MeSH]) OR "depression/therapy"[MeSH]) OR "Major Depressive	Meta-analysis, All Adult: 19+ years English, Human	01/01/80 - 12/31/00	12	0

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
	<p>Disorder"[All Fields]) AND (((("Antidepressive Agents/adverse effects"[MeSH] OR "Antidepressive Agents/therapeutic use"[MeSH]) OR "carbamazepine" [MeSH terms] OR "valproic acid" [MeSH terms] OR "buspirone" [MeSH terms] OR "triiodothyronine " [MeSH terms]</p> <p>OR Cytomel [text word] OR "adrenergic beta-antagonists " [MeSH terms] OR beta blocker [text word] OR "methylphenidate" [MeSH terms] OR "psychotherapy"[MeSH]) OR (cognitive[All Fields] AND "behavior therapy"[MeSH Terms])) OR "interpersonal therapy"[All Fields]) OR ("Problem-solving"[MeSH Terms] AND "therapy"[MeSH Subheading]))</p>	Controlled Trials, All Adult: 19+ years English, Human	01/01/80 - 12/31/00	576	0
PubMed	<p>((("depression/drug effects"[MeSH] OR "depression/drug therapy"[MeSH]) OR "depression/therapy"[MeSH]) OR "Major Depressive Disorder"[All Fields]) AND (((("Antidepressive Agents/adverse effects"[MeSH] OR "Antidepressive Agents/therapeutic use"[MeSH]) OR "carbamazepine" [MeSH terms] OR "valproic acid" [MeSH terms] OR</p>	Meta-analysis, All Adult: 19+ years English, Human	01/01/01 - 04/01/03	5	0
		Controlled Trials, All Adult: 19+ years English, Human	01/01/01 - 04/01/03	129	3

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
	"buspirone" [MeSH terms] OR "triiodothyronine " [MeSH terms]  OR Cytomel [text word] OR "adrenergic beta- antagonists " [MeSH terms] OR beta blocker [text word] OR "methylphenidate" [MeSH terms]OR "psychotherapy"[MeSH]) OR (cognitive[All Fields] AND "behavior therapy"[MeSH Terms])) OR "interpersonal therapy"[All Fields]) OR ("Problem-solving"[MeSH Terms] AND "therapy"[MeSH Subheading]))))				

Which Antidepressants Should Be Avoided for Treatment of Patients with Major Depressive Disorder Expressing Suicidal Ideation, Intent, or Plan?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Suicide	Systematic reviews	06/05/03	80	0
Clinical Evidence	Suicide	Systematic reviews and RCTs	06/05/03	6	1
PubMed	((((((((depression/drug therapy[MeSH] OR depression/therapy[MeSH ]) OR ("depressive disorder/drug therapy"[MeSH] OR "depressive disorder/therapy"[MeSH]) )	Randomized controlled trials, All adults 19+ years, English	1998 - 03/2001	222	0

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
	OR ("dysthymic disorder/drug therapy"[MeSH] OR "dysthymic disorder/therapy"[MeSH]) AND ("Serotonin Uptake Inhibitors"[MeSH] OR "Antidepressive Agents, Tricyclic"[MeSH])) AND notpubref[sb])				
PubMed	((((((("depression/drug effects"[MeSH] OR "depression/drug therapy"[MeSH]) OR "depression/therapy"[MeSH]) OR "antidepressive agents/poisoning" [MeSH] OR "Major Depressive Disorder"[All Fields]) AND ("suicide"[MeSH Terms] OR suicide[Text word]) OR "suicide, attempted"[MeSH])))	All Adult: 19+ years English, Human	01/01/01 - 04/01/03	67	1

Should Hypericum (St John's Wort) Be Used for Treatment of Adults With Major Depressive Disorder?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews and RCTs	03/05/03	80	1
PubMed	Search #1 update on Agency for Healthcare Research and Quality (AHRQ) ((((((((depression/drug therapy[MeSH] OR depression/therapy[MeSH	Randomized Controlled trials, All adults: 19+ years, English, Human	01/01/98 - 03/2001	222	4



Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
	<p>)) OR ("depressive disorder/drug therapy"[MeSH]</p> <p>OR "depressive disorder/therapy"[MeSH])</p> <p>) OR ("dysthymic disorder/drug therapy"[MeSH] OR "dysthymic disorder/therapy"[MeSH])</p> <p>) AND ("Serotonin Uptake Inhibitors"[MeSH] OR "Antidepressive Agents, Tricyclic"[MeSH])) AND notpubref[sb])</p>				
PubMed	<p>Search # 2</p> <p>(((((depression/drug therapy[MESH] OR depression/therapy[MESH]) OR ("depressive disorder/drug therapy"[MESH] OR "depressive disorder/therapy"[MESH])</p> <p>)</p> <p>OR ("dysthymic disorder/drug therapy"[MESH] OR "dysthymic disorder/therapy"[MESH])</p> <p>) AND "hypericum"[MeSH Terms]) AND notpubref[sb])</p>	Randomized Controlled trials, All adults: 19+ years, English, Human	03/2001 - 10/2001	6	1
PubMed	<p>("depression/drug therapy"[MESH] OR "depression/therapy"[MESH] OR "Major Depressive Disorder"[All Fields]) AND ("hypericum" [MeSH Terms] OR St. John's wort)</p>	Meta-analysis, All Adult: 19+ years English, Human	01/01/01 - 04/01/03	0	0
		Controlled Trials, All Adult: 19+	01/01/01 - 04/01/03	3	3

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
		years English, Human			

How Long Should Adults with Major Depressive Disorder Continue Taking Antidepressant Medication?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews and RCTs	09/22/03	86	1
PubMed	(((((("depression"[MeSH Terms] OR depression[Text Word]) AND ("drug administration schedule"[MeSH Terms] OR DRUG ADMINISTRATION SCHEDULE[Text Word]))	Randomized Controlled Trials, English,	1980 - 9/2001	344	0
	("depression/drug therapy"[MeSH] OR "depression/therapy"[MeSH] OR "depressive disorder/drug therapy"[MeSH] OR "depressive disorder/prevention and control"[MeSH] OR "Antidepressive Agents/administration and dosage"[MeSH] OR "depression recurrent"[All Fields] OR "depression refractory"[All Fields] OR "depression chronic"[All Fields] OR "depression	Randomized Controlled Trial, All Adult: 19+ years, English, Human	01/01/1980 - 04/01/2003	308	5
		Meta-Analysis, All Adult: 19+ years, English, Human	01/01/1980 - 04/01/2003	4	0
		Review, All Adult: 19+	01/01/1980 -	44	0

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
	first episode"[All Fields] OR "Major Depressive Disorder"[All Fields]) AND ("drug administration schedule"[MeSH] OR "treatment protocols"[MeSH] OR "Recurrence/prevention and control"[MeSH] OR "Treatment duration"[All Fields] OR "treatment discontinuation"[All Fields] OR "treatment continuation"[All Fields])	years, English, Human	04/01/2003		

What is the Recommended Follow-up for Patients in the First Three Months of Treatment for Major Depressive Disorder?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews and RCTs	03/05/03	80	0
PubMed	((("depression"[MeSH Terms] OR DEPRESSION[Text Word]) OR "depressive disorder"[MeSH Terms]) OR depressive disorder[Text Word]) AND ("office visits"[MeSH Terms] OR OFFICE VISIT[Text Word]))	All publication types, All adults 19+ years, English, Human	1980 - 04/25/2001	58	0
PubMed	(((((("depression/drug effects"[MESH] OR "depression/drug therapy"[MESH]) OR "depression/therapy"[MESH]) OR "depression" [All Fields]	All publication types, All adults 19+ years, English,	01/01/01 - 04/01/03	246	0

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Includ
	OR "Major Depressive Disorder"[All Fields]) AND (((("office visits"[MESH] OR "office visits"[text word]) OR "telephone"[text word]) OR "visits"[text word]))	Human			

What is the Recommended Follow-up for Patients in Remission During Months Four to 12 of Treatment for Major Depressive Disorder?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews and RCTs	03/05/03	80	1
PubMed	((("depression"[MeSH Terms] OR DEPRESSION[Text Word]) OR "depressive disorder"[MeSH Terms]) OR depressive disorder[Text Word]) AND ("office visits"[MeSH Terms] OR OFFICE VISIT[Text Word]))	All publication types, All adults 19+ years, English, Human	1980 - 04/25/01	58	0
PubMed	((((((("depression/drug effects"[MeSH] OR "depression/drug therapy"[MeSH]) OR "depression/therapy"[MeSH]) OR "depression" [All Fields] OR "Major Depressive Disorder"[All Fields]) AND (((("office visits"[MeSH] OR "office visits"[text word]) OR "telephone"[text word]) OR "visits"[text word]))	All publication types, All adults 19+ years, English, Human	01/01/01 - 04/01/03	246	0

What is the Recommended Follow-up for Patients in Remission: Who Needs Ongoing Treatment for Major Depressive Disorder Beyond 12 Months?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews and RCTs	03/05/03	80	0
PubMed	((("depression"[MeSH Terms] OR DEPRESSION[Text Word]) OR "depressive disorder"[MeSH Terms]) OR depressive disorder[Text Word]) AND ("office visits"[MeSH Terms] OR OFFICE VISIT[Text Word]))	All publication types, All adults 19+ years, English, Human	1980 - 04/25/01	58	0
PubMed	((((((("depression/drug effects"[MeSH] OR "depression/drug therapy"[MeSH]) OR "depression/therapy"[MeSH]) OR "depression" [All Fields] OR "Major Depressive Disorder"[All Fields]) AND ((("office visits"[MeSH] OR "office visits"[text word]) OR "telephone"[text word]) OR "visits"[text word]))	All publication types, All adults 19+ years, English, Human	01/01/01 - 04/01/03	246	0

How Should Antidepressants be Discontinued in Patients with Major Depressive Disorder?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews	09/22/03	86	0

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
		and RCTs			
PubMed	(((((("depression"[MeSH Terms] OR depression[Text Word]) OR "depressive disorder"[MeSH Terms]) OR depressive disorder[Text Word]) AND ("drug administration schedule"[MeSH Terms] OR DRUG ADMINISTRATION SCHEDULE[Text Word])) AND Randomized Controlled Trial[ptyp]) AND English[Lang]) AND ("1980"[PDat] : "3000"[PDat]))	Clinical trials, All adults 19+ years, English	1980 - 04/01/01	347	2
PubMed	((("depression/drug effects"[MeSH] OR "depression/drug therapy"[MeSH]) OR "depressive disorder/drug therapy"[MeSH]) OR "Major Depressive Disorder"[All Fields]) AND (("antidepressive agents/adverse effects"[MeSH] OR "serotonin uptake inhibitors/adverse effects"[MeSH]) OR "substance withdrawal syndrome"[MeSH]))	All publication types, All adults 19+ years, English, Human	01/01/01 - 04/01/03	286	1

Do Adult Patients from Different Ethnic Groups Have A Preference Among Treatment Options for Major Depressive Disorder?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
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Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews and RCTs	03/5/03	80	0
PubMed	((("depression"[MeSH Terms] OR DEPRESSION[Text Word]) AND (((("therapy"[Subheading] OR "therapeutics"[MeSH Terms]) OR TREATMENT[Text Word]) AND PREFERENCE[All Fields])))	Clinical trials, All adults 19+ years, English, Human	1998 - 3/2001	170	2
PsychInfo	Major Depression/ Preferences /Blacks/ Asians/Hispanics/ American Indians	Systematic reviews and RCTs	1985 - 04/1/03	43	0
PubMed	(((((Depression/drug therapy[MeSH Terms] OR "Major Depressive Disorder"[All Fields]) AND ((((((("cultural diversity"[MeSH Terms] OR "cultural diversity"[Text Word]) OR "culture" [MeSH Terms]OR "ethnic groups"[MeSH Terms]) OR "ethnic groups"[Text Word]) OR "Asians"[text word]) OR "Blacks"[Text Word]) OR "Hispanics"[Text word])OR "social class" [MeSH Terms] OR "knowledge, attitudes,	All Adult: 19+ years English, Human	01/01/01 - 04/01/03	9	0

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
	practice"[MeSH Terms]))				

What Patient Self-Management Strategies Are Effective in Improving the Symptoms of Major Depressive Disorder?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews and RCTs	03/5/03	80	1
PubMed	("depression" [MeSH] OR "depressive disorder" [MeSH] OR "Major Depressive Disorder" [all fields] ) AND ("self care" [MeSH] OR "self efficacy" [MeSH] OR "patient participation" [MeSH] OR "choice behavior" [MeSH] OR "bibliotherap y" [MeSH] OR "befriending" [all fields] OR "behavioral activation" [all fields]	All publication types, All adults 19+ years, English, Human	01/01/1965 to 04/01/2003	655	9



Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
	OR "exercise" [Mesh] OR "community resources" [all fields] OR "self-help groups" [MeSH] OR "Internet" [MeSH] )				

Are Behavioral Health Education Classes (Cognitive Behavioral Skills or Problem Solving Classes) Effective in Improving the Symptoms of Major Depressive Disorder? If so, are they Recommended for Adults with Major Depressive Disorder?

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
Cochrane	Depression	Systematic reviews	03/05/03	295	0
Clinical Evidence	Depression	Systematic reviews and RCTs	03/5/03	80	1
PubMed	("depression" [MeSH] OR "depressive disorder" [MeSH] OR "Depressive disorder/therapy" [MeSH] OR "Major Depressive Disorder" [all fields] ) AND ("health education" [MeSH] OR "patient education" [MeSH] OR "behavior therapy/methods"	All publication types, All adults 19+ years, English, Human	01/01/1965 to 04/01/2003	704	2

Database:	Terms:	Article type & Limits:	Time Frame:	# Found:	# Included:
	[MeSH] OR "patient satisfaction" [MeSH] OR "cognition" [MeSH], "psychoeducation" [all fields] OR "psychosocial classes" [all fields] OR "behavioral classes" [all fields])				

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

#### METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses  
Systematic Review with Evidence Tables

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

The Guidelines Project Management Team performed systematic reviews of the medical literature on each of the clinical questions identified by the workgroup.

#### METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

#### DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

To review and update the CMI Depression Guidelines released in May 2002, a multidisciplinary, interregional Depression Guidelines Workgroup -- including participants from adult primary care, psychiatry, pharmacy, nursing, and Health Education, as well as evidence-based medicine experts -- was convened. This group met in February 2003, and based on a needs assessment of clinicians and other stakeholders in their regions, defined the scope of the revision. The Guidelines Project Management Team then performed systematic reviews of the medical literature on each of the clinical questions identified by the workgroup, sending versions for review by the Guidelines Workgroup. All of the recommendations and supporting evidence were reviewed by the Guidelines Workgroup in depth through a series of e-mail discussions and a conference call in December 2003, after which the guidelines were submitted to the Kaiser Permanente (KP) Interregional Guidelines Steering Group Quality Review Subcommittee.

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Recommendations are classified as either "evidence-based" or "consensus."

- Evidence-based recommendations are based on the workgroup's review of relevant well-designed studies.
- Consensus recommendations were created where evidence was inadequate and the workgroup felt that a recommendation was needed to guide clinicians.

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The Kaiser Permanente Interregional Guidelines Steering Group Quality Review Subcommittee reviewed and sponsored (approved) the guidelines on March 25th, 2004.

# RECOMMENDATIONS

## MAJOR RECOMMENDATIONS

Recommendations are identified as either "evidence-based" or "consensus." For definitions of the levels of recommendations see the end of the "Major Recommendations" field.

- I. Treatment of Depression
  - A. Selecting a Treatment Option

## 1. First Line of Treatment

Use either antidepressant medication or psychotherapy as first line treatment for mild to moderate Major Depressive Disorder (MDD). (Evidence-based)

Given the lack of evidence on a clearly superior approach for mild to moderate MDD, base treatment decisions on patient and clinician preference, potential side effects, and cost. (Consensus)

Combined treatment with antidepressants and psychotherapy is recommended as first line treatment for patients with severe MDD. (Evidence-based)

Given the equivalence of therapeutic effect, base the choice of antidepressant on patient's prior response, patient and clinician preference, potential side effects, and cost. (Consensus)

## 2. Second Line of Treatment

Treatment options for patients with MDD whose symptoms fail to remit after first-line treatment include:

- Combining antidepressants and psychotherapy (Evidence-based)
- Increasing the dose of the initial antidepressant (Consensus)
- Combined treatment with selective serotonin reuptake inhibitors (SSRIs) and low-dose desipramine (monitoring for tricyclic antidepressant [TCA] toxicity) (Consensus)
- Switching to a different antidepressant of the same or different class (Consensus)
- Augmenting with low-dose (300 to 600 mg/day) of lithium (in consultation with psychiatry) (Consensus)

## B. St. John's wort

Hypericum (St. John's wort) is not recommended in patients with severe Major Depression. (Evidence-based)

There is insufficient evidence to recommend for or against hypericum (St. John's wort) as a treatment alternative for patients with mild to moderate Major Depression. (Consensus)

## II. Pharmacologic Management of Depression in Adults

### A. Choice of Antidepressant

If antidepressants are to be used, any class of antidepressant (SSRI, TCA, serotonin norepinephrine reuptake inhibitor [SNRI],

norepinephrine reuptake inhibitor [NRI], or dopamine agonist [DA]) can be prescribed as first-line treatment of MDD. (Evidence-based)

## B. Length of Treatment

Patients who achieve symptom remission with antidepressants at the end of acute phase treatment (three months) of MDD should continue antidepressants for at least an additional four to 12 months. (Evidence-based)

### Patients With One Lifetime Episode of MDD

Based on patient and provider preference, a trial of antidepressant discontinuation is optional for patients in their first lifetime episode of MDD who are being treated with antidepressants and remain asymptomatic for four to 12 months after acute phase treatment. (Consensus)

### Patients with Two or More Lifetime Episodes of MDD

Patients with two or more lifetime episodes of MDD who are being treated with antidepressants and remain asymptomatic after acute phase treatment should be maintained on the medication and dose with which they achieved remission for at least an additional 15 months to five years after acute phase treatment. (Consensus)

### Patients with Chronic MDD or MDD with Concurrent Dysthymia

Patients with chronic MDD (continual symptoms for more than two years) or Double Depression (MDD and dysthymia) who improve with antidepressants during acute phase treatment should continue antidepressants for at least an additional 15 to 28 months after acute phase treatment. (Evidence-based)

Acute Phase:	Continuation Phase:	Maintenance Phase:
Up to three months after starting treatment (period to assess for response to treatment/remission)	Next four to 12 months	Treatment beyond continuation phase

#### 1. Follow-Up After Initiation of Treatment (First Three Months)

The recommended follow-up frequency for patients who are starting treatment with antidepressants for Major Depression is one patient contact (see note below) within the first month, and

at least one additional patient contact four to eight weeks after the first contact. (Consensus)

Note: Contact may include in-person visits, phone calls, or e-mail between patient and clinician, or phone calls/e-mail between patient and a care manager.

Assess for adherence, side effects, suicidal ideation, and patient response during both these visits. (Consensus)

2. Follow-Up After Symptom Remission (4 to 12 Months)

After achieving symptom remission, at least one follow-up contact (see note above) is recommended during the fifth or sixth month of treatment in patients with Major Depression. Assess for continuing symptom remission and dosage/treatment adjustment during this contact. (Consensus)

Additional patient follow-up is recommended to consider either continuing treatment beyond the continuation phase or attempting a trial of treatment discontinuation. (Consensus)

3. Follow-Up After Symptom Remission (Beyond 12 Months)

For asymptomatic adults with Major Depression who are continuing on antidepressants beyond 12 months, at least one annual follow-up contact is recommended to assess for continuing symptom remission, need for ongoing treatment, and dosage/treatment adjustment. (Consensus)

Additional follow-up for asymptomatic adults with Major Depression who are continuing on antidepressants beyond 12 months should be based on patient preference and response. (Consensus)

4. Discontinuing Antidepressants

Fluoxetine may be discontinued without tapering with a relatively low risk of adverse effects. (Evidence-based)

Taper other antidepressants (other SSRIs, TCAs, SNRIs, NRIs, and DAs) over a two- to four-week period. (Consensus)

C. Other Considerations

1. Patients with Suicide Ideation, Intent, or Plan

Consultation with specialty behavioral health is recommended for patients with Major Depression expressing suicidal intent or plan. (Consensus)

Consult or collaborate with a psychiatrist before prescribing TCAs or venlafaxine for patients with suicidal ideation or who have made previous suicide attempts. (Consensus)

## 2. Cultural Considerations

Because patient preferences for treatment may vary based on their ethnicity and culture, asking patients from different ethnic groups about treatment preference is recommended when discussing treatment options for MDD. (Evidence-based)

## 3. Self-Management Strategies

Exercise is recommended as an adjunctive strategy (in addition to antidepressants or psychotherapy) for treating the symptoms of Major Depressive Disorder. (Evidence-based)

Bibliotherapy is an optional adjunct strategy (in addition to antidepressants or psychotherapy) for treating the symptoms of Major Depressive Disorder. (Evidence-based)

Befriending is an optional adjunct to antidepressants or psychotherapy for treating the symptoms of Major Depressive Disorder. (Consensus)

There is currently insufficient evidence to recommend for or against music therapy as an adjunct to antidepressants or psychotherapy for treating the symptoms of Major Depressive Disorder. (Evidence-based)

Use of automated telephone programs or Internet-sites is not currently recommended as adjunctive therapy for Major Depressive Disorder. (Evidence-Based)

## 4. Behavioral Health Education Classes

Behavioral health education classes are an adjunctive treatment option for patients with mild to moderate Major Depressive Disorder but should not be used in lieu of either antidepressant medication or psychotherapy. (Evidence-Based)

### Definitions:

Recommendations are classified as either "evidence-based" or "consensus."

- Evidence-based recommendations are based on the workgroup's review of relevant well-designed studies.
- Consensus recommendations were created where evidence was inadequate and the workgroup felt that a recommendation was needed to guide clinicians.

## CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation. The recommendations were based primarily on a comprehensive review of published reports. In cases where the data did not appear conclusive, recommendations were based on the consensus opinion of the group.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Overall, this guideline is intended to help the primary care provider in treating Major Depressive Disorder in adult outpatients.

### POTENTIAL HARMS

- Side effects of medication
- Adverse effects of treatment, such as suicide (attempted or completed)

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

- These guidelines are informational only. They are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by practitioners, considering each patient's needs on an individual basis.
- Guideline recommendations apply to populations of patients. Clinical judgment is necessary to design treatment plans for individual patients.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better  
Living with Illness



## IO M DOMAIN

Effectiveness  
Patient-centeredness

### IDENTIFYING INFORMATION AND AVAILABILITY

#### BIBLIOGRAPHIC SOURCE(S)

Kaiser Permanente Care Management Institute. Adult primary care depression guidelines. Oakland (CA): Kaiser Permanente Care Management Institute; 2004 Apr. 132 p. [81 references]

#### ADAPTATION

Not applicable: The guideline was not adapted from another source.

#### DATE RELEASED

2004 Apr

#### GUIDELINE DEVELOPER(S)

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#### SOURCE(S) OF FUNDING

Kaiser Permanente Care Management Institute

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#### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

No conflict of interest by management team or workgroup members was noted.

#### GUIDELINE STATUS

This is the current release of the guideline.

#### GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available from the Kaiser Permanente Care Management Institute, 1 Kaiser Plaza, 16L, Oakland, CA 94612

#### AVAILABILITY OF COMPANION DOCUMENTS

None available

#### PATIENT RESOURCES

None available

#### NGC STATUS

This NGC summary was completed by ECRI on December 6, 2004. The information was verified by the guideline developer on January 20, 2005. This summary was updated by ECRI on August 15, 2005, following the U.S. Food and Drug Administration advisory on antidepressant medications.

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